

July 15, 2019 7:00 pm

JONES COUNTY BOARD OF COMMISSIONERS

REGULAR MEETING

JONES COUNTY AGRICULTURAL BUILDING, 110 MARKET STREET

TRENTON, NC 28585

MINUTES

COMMISSIONERS PRESENT:

Mike Haddock, Chairman
Frank Emory, Vice-Chairman
Sondra Ipock-Riggs, Commissioner
James Harper, Commissioner
April Aycock, Commissioner
Charlie Dunn, Jr., Commissioner
Charlie Gray, Commissioner

OFFICIALS PRESENT:

Franky J. Howard, County Manager
Brenda Reece, Finance Officer
Angelica Hall, Clerk
Dave Baxter, County Attorney

COMMISSIONERS ABSENT:

The Chairperson called the meeting to order and gave the invocation. **MOTION** was made by Commissioner James Harper, seconded by Commissioner Frank Emory and unanimously carried **THAT** the agenda be **APPROVED** as presented.

MOTION made by Commissioner Frank Emory, seconded by Commissioner Sondra Ipock-Riggs, and unanimously carried **THAT** the minutes for the Work Session June 3, 2019, Special Meeting June 4, 2019, Work Session June 10, 2019 and Regular Meeting June 17, 2019 be **APPROVED** as presented.

PUBLIC COMMENT PERIOD:

Mr. Michael Pretty had concerns about his trash pick-up.

Mr. Tommy Moore requested the Tax Assessor go put her feet on his property.

Ms. Ann Meadows stated there were water leaks in Maysville since August 2018.

Ms. Lisa Byrd thanked the Board for supplying Maysville with Water. Ms. Byrd stated that the minutes were not on the website. Ms. Byrd also stated that there was a petition going around and citizens have been told not to sign it. Also, Ms. Byrd stated that there were no longer any Special Education classrooms.

1. TRILLIUM- CINDY EHLERS, VICE PRESIDENT OF CLINICAL OPERATIONS

Ms. Lauren Swain with Trillium Health Resources replaced Ms. Cindy Ehlers as presenter to the Board. Ms. Swain presented the Trillium Behavioral Health Community Response, Hurricane Florence to the Board. A copy of the presentation is marked **EXHIBIT A** and is hereby incorporated and made a part of the minutes.

2. SAMANTHA BENNETT, EXTENSION AGENT, 4-H YOUTH DEVELOPMENT

Ms. Samantha Bennett, Extension Agent, introduced Ms. Mariana Martinez to the Board. Ms. Mariana Martinez will be attending Youth Voice in August for the state wide Commissioner meeting and wanted to attend the meeting to introduce herself, and inform the Board that she would be attending the Conference in August.

3. RON ADAMS, JAY SUTTON NCDOT-JONES COUNTY

Mr. Ron Adams, NCDOT, provided the Board an update on the roadS within the County. Mr. Adams also explained how priority and funding plays a big part in having the road projects completed.

4. JONES COUNTY HEALTH DEPARTMENT-WESLEY SMITH, HEALTH DIRECTOR

Mr. Wesley Smith, Health Director, presented the Board with a request to receive additional funds. Mr. Smith explained that the Health Department has been awarded additional funds in the amount of \$1050.00 from the NC Division of Public Health, CDI/Cancer Prevention and Control Section. The capitated rate for women screened during the period of July 1, 2019 through May 31, 2020 has been increased from \$255.00 to \$325.00. The increase is based on a target of 15 federal funded women screened at \$70.00 per screening. Before the Health Department can receive the additional funds, the Board of Commissioners must approve receipt of the funds and the subsequent increase in the Health Department's budget for FY 2019-20. **MOTION** made by Commissioner April Aycock, seconded by Commissioner Sondra Ipock-Riggs, and unanimously carried **THAT** the request to receive the additional award in the amount of \$1,050.00 and increase the budget for FY 2019-2020 be **APPROVED** as presented. A copy of the Agreement is marked **EXHIBIT B** and is hereby incorporated and made a part of the minutes.

5. ADDITIONAL HOME COMMUNITY CARE BLOCK GRANT FUNDING- BRENDA REECE, FINANCE OFFICER

Mrs. Brenda Reece, Finance Officer, presented the Board with an updated Home Community Care Block Grant Budget for FY 19-20. Mrs. Reece informed the Board that the County would be receiving and additional \$15,368 in funding. **MOTION** was made by Commissioner Sondra Ipock-Riggs seconded by Commissioner Frank Emory, and unanimously carried **THAT** the receipt of the additional funds in the amount of \$15,368 be

APPROVED as presented. A copy of the updated budget is marked **EXHIBIT C** and is hereby incorporated and made a part of the minutes.

6. BUDGET AMENDMENT #2

Mrs. Brenda Reece, Finance Officer, presented the Board with Budget Amendment #2 for approval. Mrs. Reece explained to the Board that the budget amendment adds the additional funding for the HCCBG Program and also adjusts the other lines to reflect the funds that will be received from the state. **MOTION** was made by Commissioner Frank Emory seconded by Commissioner Sondra Ipock-Riggs, and unanimously carried **THAT** Budget Amendment #2 be **APPROVED** as presented. A copy of the amendment is marked **EXHIBIT D** and is hereby incorporated and made a part of the minutes.

7. PRESENT USE VALUE(PUV) LATE APPLICATION- HOPE AVERY, TAX ADMIN/ASSESSOR

Mrs. Hope Avery, Tax Admin/Assessor presented the Board a PUV Late Application for Haywood Kelly, III, Virginia K. Smith and Donna K. Lawrence for approval. Mrs. Avery explained that since the application was received by the tax office on May 28, 2019 after the close of the listing period, which was on January 31st, it was left to the discretion of the board to approve or deny the late application. This item was reviewed and discussed at the Special Meeting on July 8, 2019. **MOTION** was made by Commissioner Frank Emory seconded by Commissioner James Harper, and unanimously carried **THAT** the PUV late Application be **APPROVED** as presented. A copy of this request is marked **EXHIBIT E** and is hereby incorporated and made a part of the minutes.

8. LATE APPLICATION-DISABLED VETERANS EXCLUSION

Mrs. Hope Avery, Tax Admin/Assessor presented the Board a Late Application for Property Tax Relief-Disabled Veterans Exclusion for Lydia Caruso for approval. Mrs. Avery explained that since the application was received by the tax office on July 8, 2019 after the close of the listing period, which was on January 31st, it was left to the discretion of the board to approve or deny the late application. **MOTION** was made by Commissioner Frank Emory seconded by Commissioner April Aycock, and unanimously carried **THAT** the Late Application be **APPROVED** as presented. A copy of the application is marked **EXHIBIT F** and is hereby incorporated and made a part of the minutes.

9. SCHOOL UPDATE-RIBBON CUTTING/DEDICATION CEREMONY

Mr. Franky Howard, County Manager, announced to the Board that the New School Ribbon Cutting/Dedication Ceremony will be August 5, 2019 at 2:00 p.m.

10. NEXT WORKSHOP DATE

Mr. Franky Howard, County Manager, suggested July 29, 2019 at 7 p.m. for the next Board workshop. This work session topics will be Recreation Department, Staff Evaluations and School Board Meeting/Joint Use Request.

11. CLOSED SESSION UNDER 143-318.11(a)(3) ATTORNEY CLIENT PRIVILEGE

MOTION made by Commissioner Frank Emory. seconded by Commissioner Charlie Dunn Jr., and unanimously carried **THAT** the meeting go into **CLOSED SESSION** under NCGS 143.318.11(a)(3).

MOTION made by Commissioner Frank Emory and seconded by Commissioner Sondra Ipock-Riggs and unanimously carried to go out of Closed Session.

MOTION made by Commissioner Frank Emory and seconded by Commissioner James Harper and unanimously carried **THAT** the settlement agreement with Builder Services be in the amount that the insurance company will reimburse.

COUNTY MANAGER'S REPORT

- Report Mosquito issues to the Environmental Health Department.
- July 16, 2019 will be the Golden Leaf Update Meeting.
- Jail Inspector will be here this week to inspect the Jail.
- The Courthouse benches will be ready to move back around the first week in August.
- Recreation Department Update

COMMISSIONER'S REPORTS

Commissioner April Aycock inquired if there was a policy on county employees going out on fire calls during work hours of the county.

Commissioner Charlie Dunn Jr. inquired about the building behind the school baseball field. There is no water there and no trash being emptied.

Commissioner James Harper requested an update on the Economic Development position.

Chairperson Mike Haddock requested information about the plaque for the New School pertaining to Senator Harry Brown. Chairperson Haddock expressed his disappointment with the School Board about not allowing a plaque for Senator Harry Brown to go on the school. Chairperson Haddock felt that four Commissioners did not want Senator Brown's name on the school, and expressed his disappointment. Chairperson Haddock stated that Senator Brown worked hard in getting Jones County the money to build the school and he felt it was wrong that he will not have a plaque on the school.

Commissioner Charlie Dunn Jr. expressed his concern about the statement made by Chairperson Haddock pertaining to the four Commissioners that did not agree with putting a plaque on the school for Senator Brown. Commissioner Dunn Jr. felt it was in poor taste for that to be said because there was never a vote put before the Board about a plaque in Senator Brown's honor. Commissioner Dunn Jr. stated that there had been discussion by the Board but at no time was there an official vote.

Commissioner James Harper clarified his statement about the plaque, saying he was stating no it would not happen because the School Board had made their decision and that Senator Brown's name was going over the gymnasium.

Commissioner April Aycock stated she never said no about the plaque and felt as long as Senator Brown's name was in there somewhere she was fine meeting in the middle.

PUBLIC COMMENT

Ms. Lisa Byrd addressed the Board about many unanswered issues she has with the School. Ms. Byrd stated that the gym was unsafe, that numerous teachers were promised items and now will not receive them. She said teachers were told they could not decorate their rooms that the large interactive screens they were supposed to receive are not being downsized. Ms. Byrd's concern is things were set out to be a part of the school but now have been cut and wants to know if there should be some type of audit to find out where the funds have gone. Ms. Byrd also stated that the bricks and bleachers were supposed to be used as memorabilia but she has seen trucks leaving the school site with the bricks.


Ms. Eileen Dove wanted to know who owns the school and for how long? Also, Ms. Dove wanted to know in the CDBG-NR Fund what administration are they referring too.

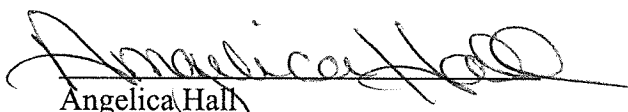
Ms. Doris Harris stated she was in agreement with the plaque for Senator Brown going in the school and expressed her disappointment in the Commissioners that disagreed with the plaque going in the school.

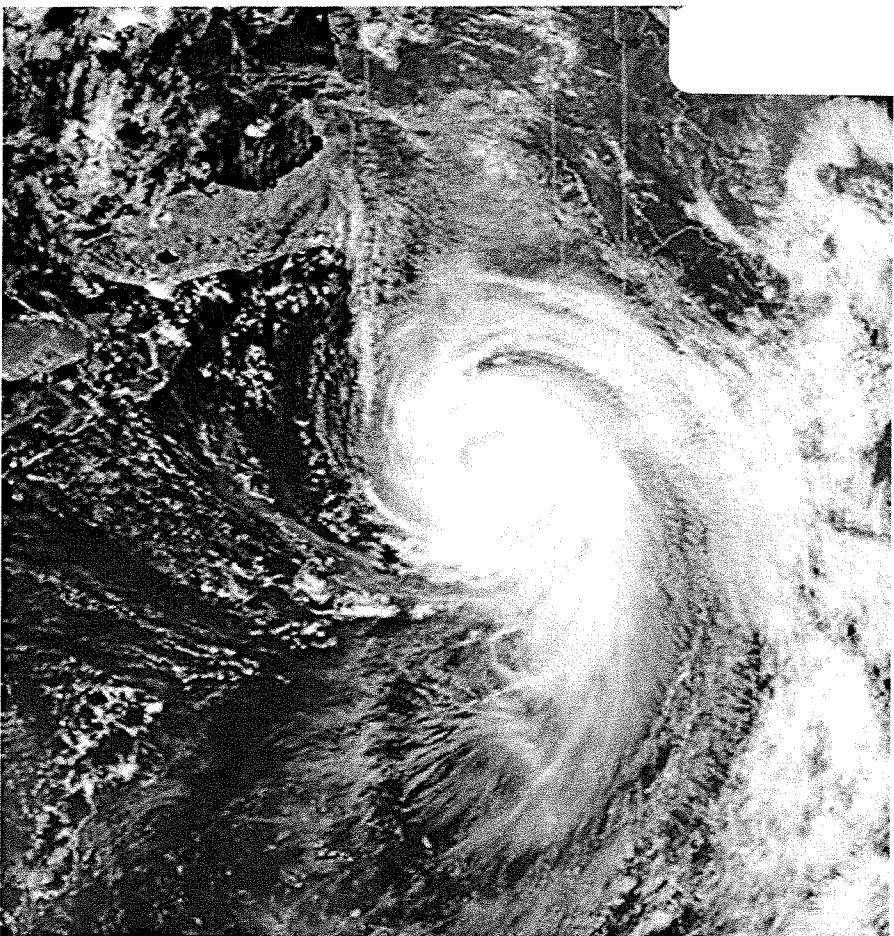
Mr. Charles Robinson expressed his concern about the Boards and stated that if they are not going to support the community they need to get rid of them.

Ms. Ann Meadows stated that as long as Mr. Howard continues to tiptoes around the problem with the Board of Education it was going to continue on. Ms. Meadows feels that Mr. Howard needs to step up and control the situation in a better manner than what he has been doing.

MOTION made by Commissioner Charlie Gray, seconded by Commissioner April Aycock, and unanimously carried **THAT** the meeting be **ADJOURNED** at 9:00 p.m.


Mike Haddock
Chairman


Angelica Hall
Clerk to the Board



Trillium Behavioral Health Community Response Hurricane Florence

Presented by Cindy Ehlers, MS, LPC
Executive Vice President



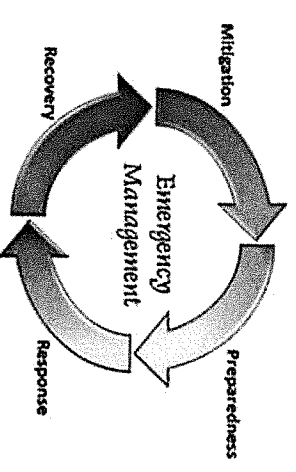
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ACCREDITED ACCREDITED ACCREDITED

Before the Storm

Emergency Operations initiated September 10, 2018

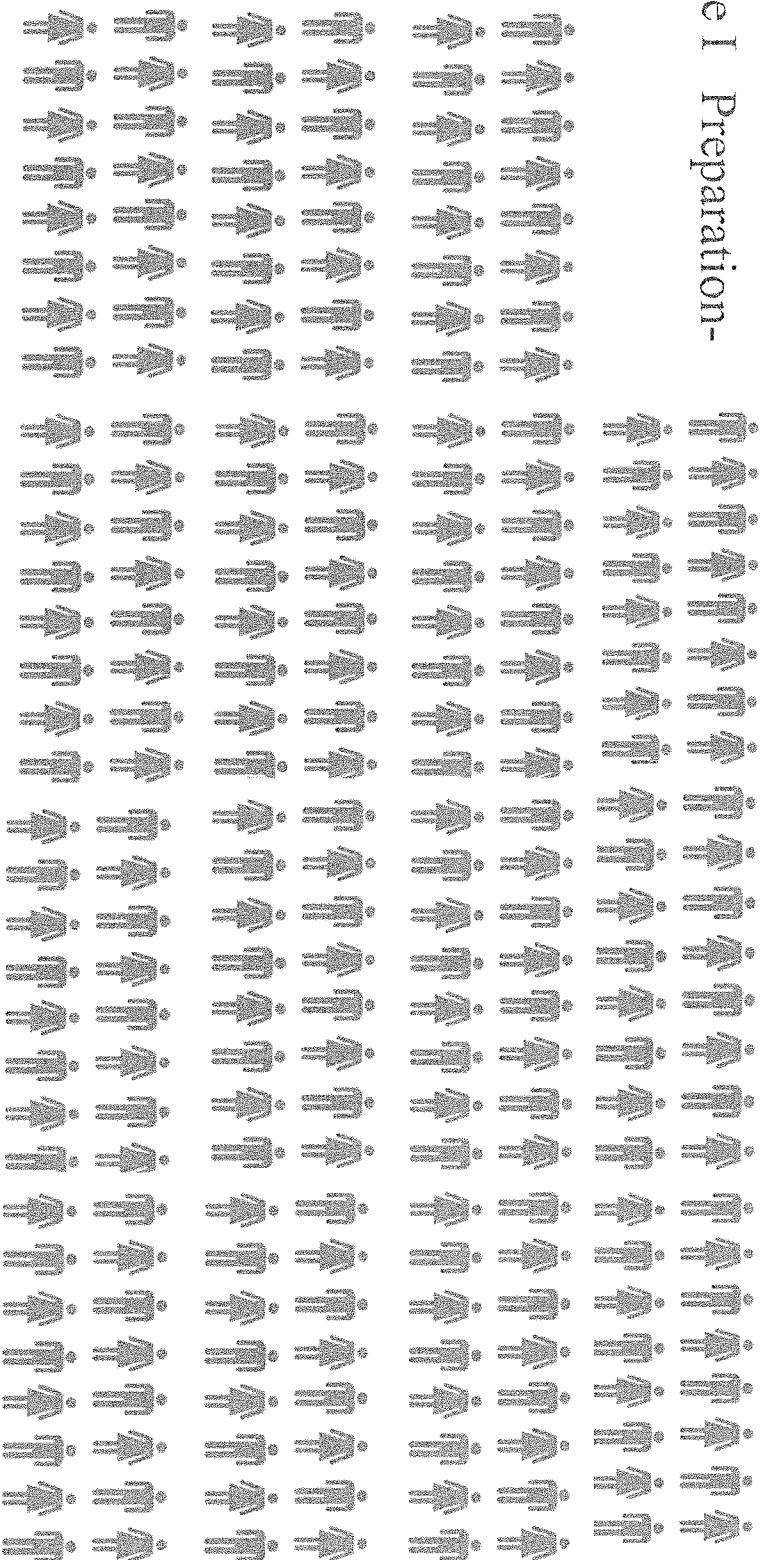
Steps

- Call all Members to activate crisis plans related to Hurricane
- Call all providers to secure Evacuation plans and points of contact
 - Target MAT, Medically Fragile members and Residential providers for specific plans for high risk members
- Secure call center operations off site to maintain operations at 24-7 capacity
- Activate command center for Emergency Operations
- Complete staffing protocol for managing staff resources and status check in
- Initiate staff communication system via text and email



Trillium Staff Involved

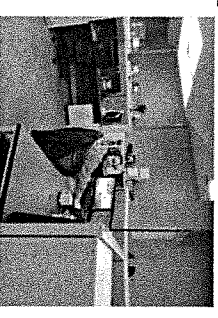
Phase I Preparation-



+300
employees

During the Storm

- Respond to calls from members on Access/Crisis lines as part of routine operations
- Respond to calls from state Emergency Operations
- Respond to calls from DSS and County EOC for shelters



al call volume during the storm period 913 calls



Emergency Operations ended on September 20, 2018

10 DAYS

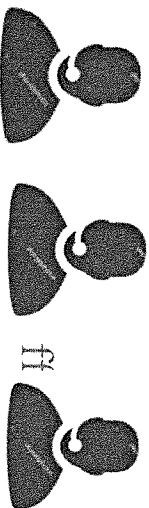
Trillium Staff Involved

Phase II- During the Storm 24-7

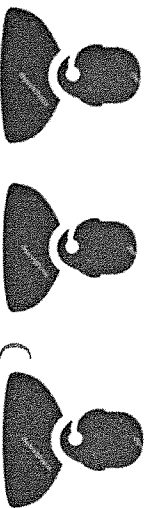


Emergency Command Center Connection

Call Center Clinicians 1st Shift

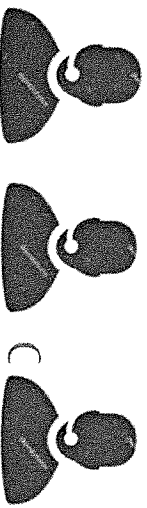


ff



C

Emergency Clinicians 2nd Shift with back up staffing



C

Emergency Clinicians 3rd Shift with back up staffing

Recovery Response

Activated Recovery Response- Trillium Members

- Set up internal resource list for staff to assist members with local resources for assistance
- Set up Disaster Assistance for members to access resources needed
 - Food, housing, clothing, medication, supplies, equipment
- Set up Donation Page and Amazon wish list to help members via social media
 - Over \$30,000 in donated food, clothing, snacks, hygiene and comfort items donated
- Contacted all members for well check and to establish unmet needs 4,200 people.
- Contacted all providers (approx. 450) to determine capacity
 - Targeted check in with MAT (Medication Assistance Therapy)
 - Medically Fragile members
 - Group homes



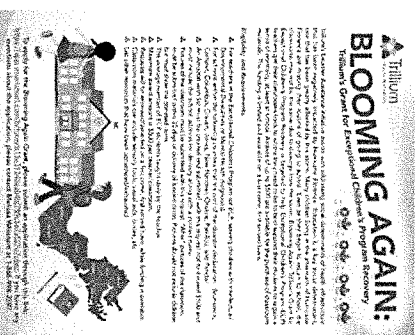
Recovery Response

- Provided over 4000 care packages to shelters and members
- Provided over 1500 comfort kits for children impacted
- Assisted members with hotel and transportation costs to get back home after resources were exhausted \$25,000
- Responded to all shelters in every community with MH/IDD staff every day the shelters were open with Trillium staff and through our partnership with Integrated Family services
- Worked at food distribution centers in all impacted counties over 3000 hours
- Worked in partnership with DSS in every impacted county during Food stamp distribution to talk to folks while they waited in line to help debrief after the storm



Recovery Response

- Implemented the 'Blooming Again' grants for exceptional children classrooms in impacted counties where schools were flooded or damaged to help get our kids back to school.
- Received and distributed 1000 packed backpacks for exceptional childrens' programs from Cardinal Innovations LME/MCO staff and providers in central NC.



Recovery Response

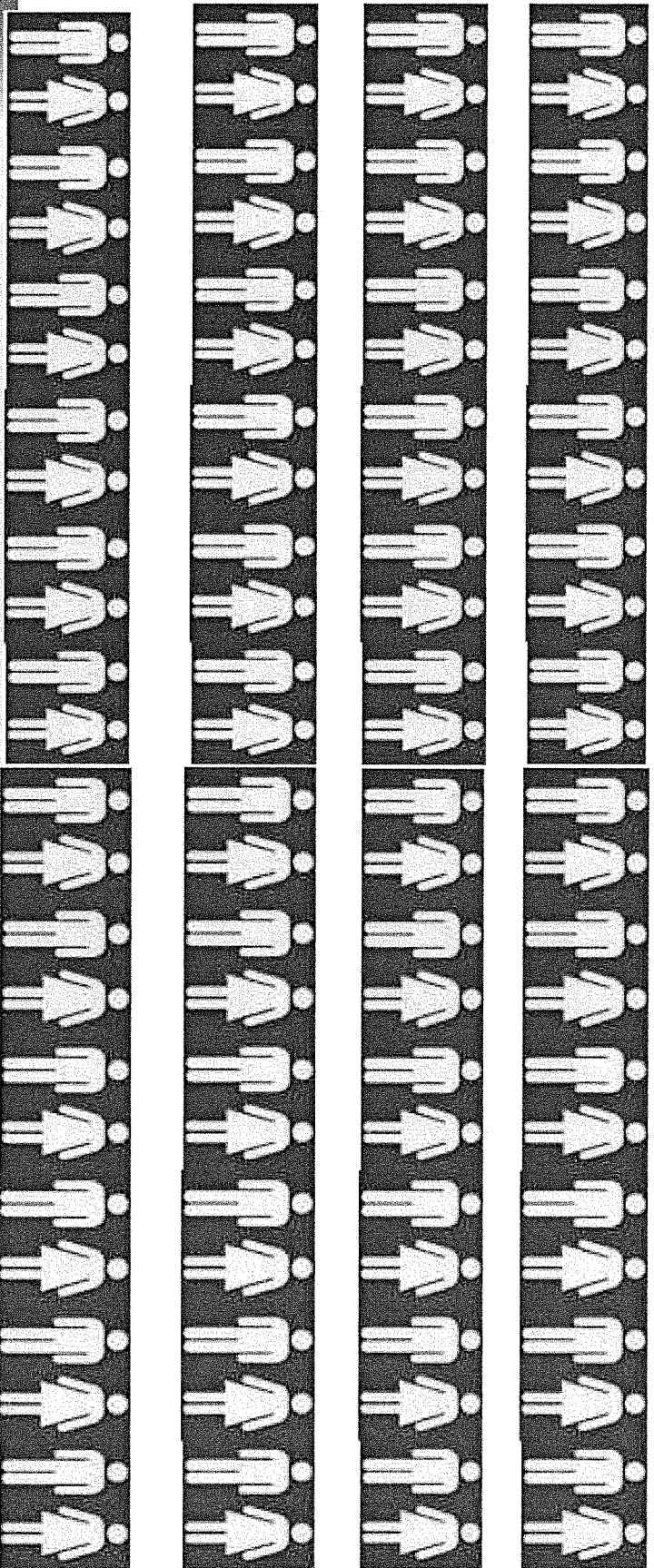
- Initiated the state's Back @ Home NC initiative to assess and rehouse people throughout the impacted Trillium counties. We have assessed 200 folks for housing and rehoused 30 households since October. Our efforts are ongoing to help people get Back @ Home.



Trillium Staff Involved

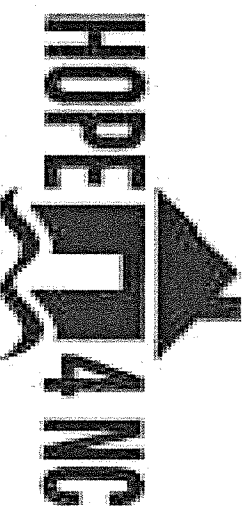
Phase III - After the Storm Response

+ 96 staff

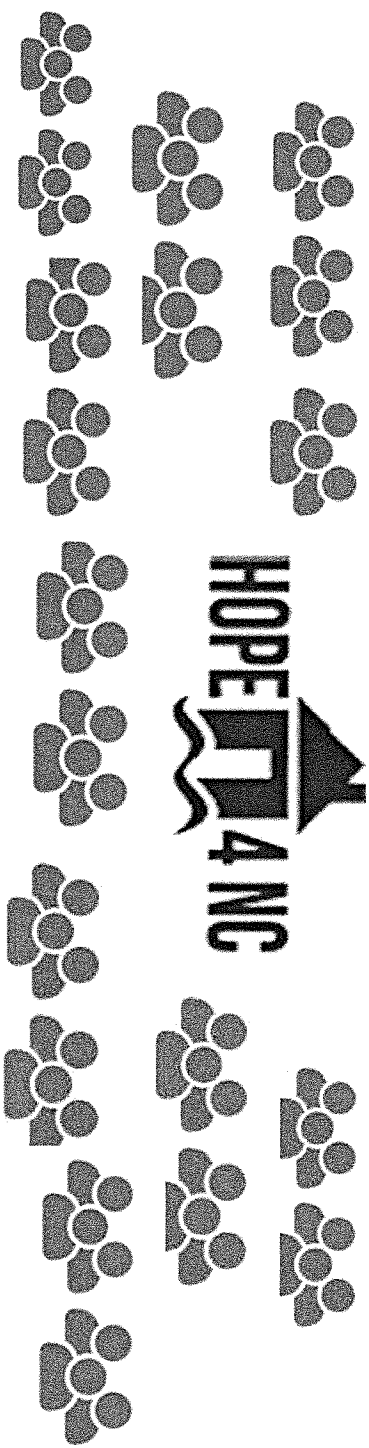
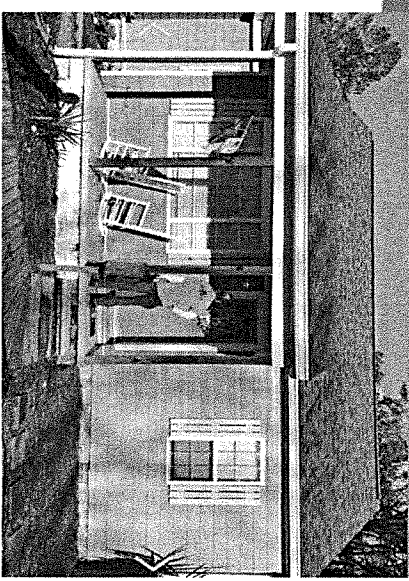


Ongoing Storm Recovery and Mitigation Response

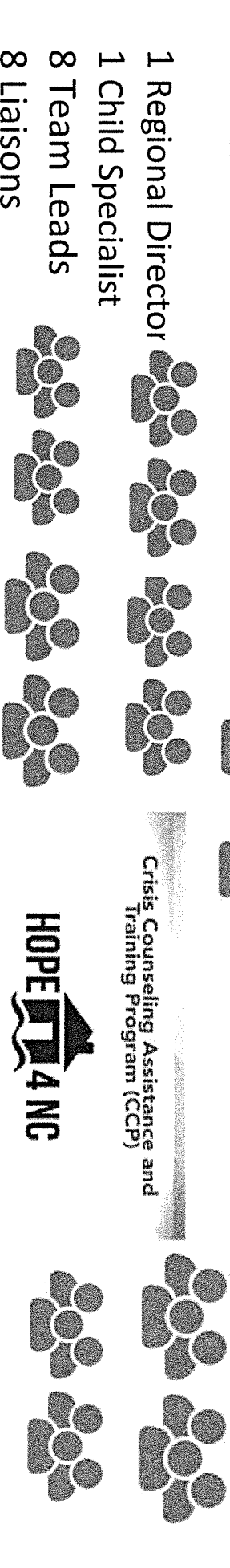
- Initiated the State's 'Hope4NC' response. This is a FEMA funded grant that began October 23, 2018. We have Crisis Counselors out canvassing every neighborhood in our impacted counties to perform outreach and assistance with connecting people to resources.
- We are on the ground in this county everyday. Please let us know if there is a group or individual you think we need to reach out to or who needs help.



Trillium Staff Involved



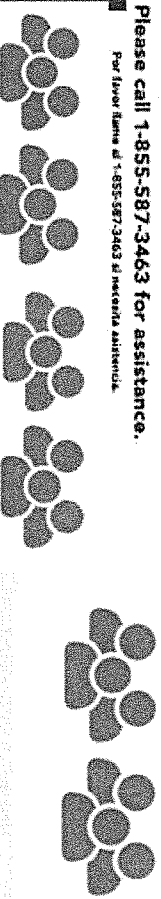
Crisis Counseling Assistance and
Training Program (CCP)



- 1 Regional Director
- 1 Child Specialist
- 8 Team Leads
- 8 Liaisons
- 86 CCPs

=104 staff

over 120,000
contacts

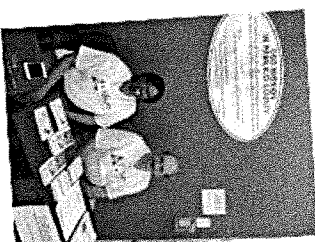
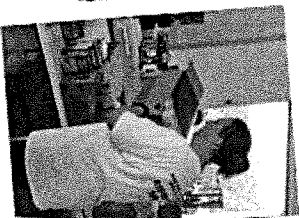
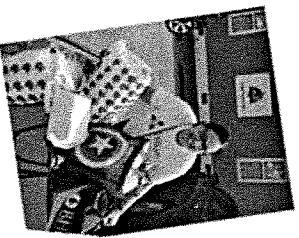


Please call 1-855-587-3463 for assistance.

For Every Name at 1-855-587-3463 is needed assistance.

Considerations for the Future

- Medicaid Transformation may have a significant impact on crisis response in the future.
 - Standard Plans, which will be fully implemented in our area in February 2020, and which will serve about 85% of the population for which Trillium currently has responsibility, are not obligated to participate in hurricane preparedness, response or recovery.
 - Trillium is not required to respond in the robust way that we have - we did all of this because we live in and value these communities, but the pending changes will impact our financial and human resources.
 - Trillium intends to be a Tailored Plan effective July 2021, but there is no guarantee in current State law that we will continue to even exist by the second phase of Tailored Plans that will begin July 2025
- With all of the discussions about Medicaid Transformation, the community crisis response impact has not received much attention. The decisions regarding the final design of the transformed system are being made now. We encourage you to make your voice heard if this issue is important to you.



Division of Public Health

Agreement Addendum

FY 19-20

Page 1 of 1

Jones County Health Department

Local Health Department Legal Name

452 Breast and Cervical Cancer

Activity Number and Description

06/01/2019 – 05/31/2020

Service Period

07/01/2019 – 06/30/2020

Payment Period☐ Original Agreement Addendum☒ Agreement Addendum Revision # 1

CDI / Cancer Prevention and Control

DPH Section/Branch Name

Debi Nelson, 919-707-5155

Debi.Nelson@dhhs.nc.gov

DPH Program Contact

(name, telephone number with area code, and email)

DPH Program Signature**Date**(only required for a negotiable agreement addendum)**I. Background:**

No change.

II. Purpose:

This Agreement Addendum Revision #1 increases the capitated rate from \$255 to \$325 per women screened during July 1, 2019 through May 31, 2020, as described in Section VI. Funding Guidelines or Restrictions below.

III. Scope of Work and Deliverables:

No change.

IV. Performance Measures/ Reporting Requirements:

No change.

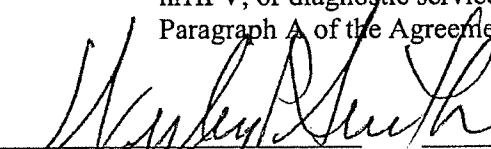
V. Performance Monitoring and Quality Assurance:

No change.

VI. Funding Guidelines or Restrictions:

As of July 1, 2019, this Agreement Addendum Revision #1 replaces Paragraph B.1 in its entirety with the following:

1. The LHD will be reimbursed at a capitated rate of \$255 per woman, during June 1, 2019 through June 30, 2019 of the Service Period, and at a capitated rate of \$325 per woman, during July 1, 2019 through May 31, 2020 of the Service Period, who receives at least one NC BCCCP-funded clinical service (mammogram, clinical breast exam, Pap test, Pap test with HPV co-test, hrHPV, or diagnostic service) for up to the total number of women specified in Section III, Paragraph A of the Agreement Addendum. Count each woman only once.


 Health Director Signature

(use blue ink)

 7/1/19
 Date

 Local Health Department to complete:
 (If follow-up information is needed by DPH)

LHD program contact name:

Phone number with area code:

Email address:

 THERESA CARPENTER RN
 252-448-9111 EXT. 3009
 tcarpenter@jonescountync.gov

Signature on this page signifies you have read and accepted all pages of this document.

Revised July 2018

FY20 Activity: 452

Supplement 1

Supplement reason: ☐ In AA+BE or AA+BE Rev -OR- ☒ Federal grant data was unavailable at the time of AA mailing. No change in Activity total.

CFDA #: 93.898 Federal awd date: 04/30/19 Is award R&D? no FAIN: NU58DP006281 Total amount of fed awd: \$ 4,760,949

CFDA Cancer Prevention and Control Programs for State,
name: Territorial and Tribal OrganizationsFed award
project description: Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations,
NCB&C, NCCCC and NCNPCRFed awarding
agency: DHHS, Centers for Disease Control and
PreventionFederal award
indirect cost rate: n/a %
%

Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity	Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity
Alamance	965194483	=	=	Jackson	019728518	9690	9690
Albemarle	130537822	26010	26010	Johnston	097599104	38250	38250
Alexander	030495105	=	=	Jones	095116935	3825	3825
Anson	847163029	=	=	Lee	067439703	4335	4335
Appalachian	780131541	5100	5100	Lenoir	042789748	5865	5865
Beaufort	091567776	20400	20400	Lincoln	086869336	41565	41565
Bladen	084171628	=	=	Macon	070626825	12750	12750
Brunswick	091571349	32895	32895	Madison	831052873	6630	6630
Buncombe	879203560	188700	188700	MTW	087204173	8160	8160
Burke	883321205	=	=	Mecklenburg	074498353	80325	80325
Cabarrus	143408289	20655	20655	Montgomery	025384603	=	=
Caldwell	948113402	8925	8925	Moore	050988146	=	=
Carteret	058735804	10200	10200	Nash	050425677	35700	35700
Caswell	077846053	=	=	New Hanover	040029563	14025	14025
Catawba	083677138	26520	26520	Northampton	097594477	=	=
Chatham	131356607	2550	2550	Onslow	172663270	=	=
Cherokee	130705072	2550	2550	Orange	139209659	7650	7650
Clay	145058231	2550	2550	Pamlico	097600456	6885	6885
Cleveland	879924850	20910	20910	Pender	100955413	4590	4590
Columbus	040040016	5100	5100	Person	091563718	=	=
Craven	091564294	10200	10200	Pitt	080889694	18615	18615
Cumberland	123914376	20400	20400	Polk	079067930	=	=
Dare	082358631	11475	11475	Randolph	027873132	=	=
Davidson	077839744	31875	31875	Richmond	070621339	11475	11475
Davie	076526651	12750	12750	Robeson	082367871	=	=
Duplin	095124798	=	=	Rockingham	077847143	21675	21675
Durham	088564075	6885	6885	Rowan	074494014	=	=
Edgecombe	093125375	3570	3570	RPM	782359004	=	=
Foothills	782359004	38250	38250	Sampson	825573975	6120	6120
Forsyth	105316439	39525	39525	Scotland	091564146	=	=
Franklin	084168632	=	=	Stanly	131060829	3825	3825
Gaston	071062186	20910	20910	Stokes	085442705	5865	5865
Graham	020952383	2295	2295	Surry	077821858	20400	20400
Granville-Vance	063347626	=	=	Swain	146437553	3825	3825
Greene	091564591	2550	2550	Toe River	113345201	7650	7650
Guilford	071563613	=	=	Transylvania	030494215	2550	2550
Halifax	014305957	=	=	Union	079051637	7650	7650
Harnett	091565986	=	=	Wake	019625961	57375	57375
Haywood	070620232	5865	5865	Warren	030239953	5100	5100
Henderson	085021470	15300	15300	Wayne	040036170	33150	33150
Hoke	091563643	3570	3570	Wilkes	067439950	10200	10200
Hyde	832526243	2550	2550	Wilson	075585695	8925	8925
Iredell	074504507	=	=	Yadkin	089910624	=	=

Supplement reason: ☒ In AA+BE or AA+BE Rev -OR- ☐ -

CFDA #: 93.898 Federal awd date: 04/30/19 Is award R&D? no FAIN: NU58DP006281 Total amount of fed awd: \$ 4,760,949

CFDA Cancer Prevention and Control Programs for State,
name: Territorial and Tribal OrganizationsFed award
project description: Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations,
NCB&C, NCCCC and NCNPCRFed awarding agency: DHHS, Centers for Disease Control and
PreventionFederal award indirect cost rate: n/a %
%

Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity	Subrecipient	Subrecipient DUNS	Fed funds for This Supplement	Total of All Fed Funds for This Activity
Alamance	965194483	=	=	Jackson	019728518	2660	12350
Albemarle	130537822	7140	33150	Johnston	097599104	10500	48750
Alexander	030495105	=	=	Jones	095116935	1050	4875
Anson	847163029	=	=	Lee	067439703	1190	5525
Appalachian	780131541	1400	6500	Lenoir	042789748	1610	7475
Beaufort	091567776	5600	26000	Lincoln	086869336	11410	52975
Bladen	084171628	=	=	Macon	070626825	3500	16250
Brunswick	091571349	9030	41925	Madison	831052873	1820	8450
Buncombe	879203560	51800	240500	MTW	087204173	2240	10400
Burke	883321205	=	=	Mecklenburg	074498353	22050	102375
Cabarrus	143408289	5670	26325	Montgomery	025384603	=	=
Caldwell	948113402	2450	11375	Moore	050988146	=	=
Carteret	058735804	2800	13000	Nash	050425677	9800	45500
Caswell	077846053	=	=	New Hanover	040029563	3850	17875
Catawba	083677138	7280	33800	Northampton	097594477	=	=
Chatham	131356607	700	3250	Onslow	172663270	=	=
Cherokee	130705072	700	3250	Orange	139209659	2100	9750
Clay	145058231	700	3250	Pamlico	097600456	1890	8775
Cleveland	879924850	5740	26650	Pender	100955413	1260	5850
Columbus	040040016	1400	6500	Person	091563718	=	=
Craven	091564294	2800	13000	Pitt	080889694	5110	23725
Cumberland	123914376	5600	26000	Polk	079067930	=	=
Dare	082358631	3150	14625	Randolph	027873132	=	=
Davidson	077839744	8750	40625	Richmond	070621339	3150	14625
Davie	076526651	3500	16250	Robeson	082367871	=	=
Duplin	095124798	=	=	Rockingham	077847143	5950	27625
Durham	088564075	1890	8775	Rowan	074494014	=	=
Edgecombe	093125375	980	4550	RPM	782359004	=	=
Foothills	782359004	10500	48750	Sampson	825573975	1680	7800
Forsyth	105316439	10850	50375	Scotland	091564146	=	=
Franklin	084168632	=	=	Stanly	131060829	1050	4875
Gaston	071062186	5740	26650	Stokes	085442705	1610	7475
Graham	020952383	630	2925	Surry	077821858	5600	26000
Granville-Vance	063347626	=	=	Swain	146437553	1050	4875
Greene	091564591	700	3250	Toe River	113345201	2100	4875
Guilford	071563613	=	=	Transylvania	030494215	700	3250
Halifax	014305957	=	=	Union	079051637	2100	9750
Harnett	091565986	=	=	Wake	019625961	15750	73125
Haywood	070620232	1610	7475	Warren	030239953	1400	6500
Henderson	085021470	4200	19500	Wayne	040036170	9100	42250
Hoke	091563643	980	4550	Wilkes	067439950	2800	13000
Hyde	832526243	700	3250	Wilson	075585695	2450	11375
Iredell	074504507	=	=	Yadkin	089910624	=	=

DPH-Aid-To-Counties

For Fiscal Year: 19/20

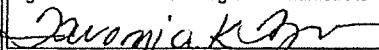
Budgetary Estimate Number : 2

Donna

Activity 452	AA	1320 310C D7	1320 5599 00	Proposed Total	New Total
Service Period		07/01-05/31	06/01-05/31		
Payment Period		08/01-06/30	07/01-06/30		
01 Alamance		0	0	0	0
D1 Albemarle	* 1	7,140	0	7,140	100,215
02 Alexander		0	0	0	0
04 Anson		0	0	0	0
D2 Appalachian	* 1	1,400	0	1,400	16,700
07 Beaufort	* 1	5,600	0	5,600	34,925
09 Bladen		0	0	0	0
10 Brunswick	* 1	9,030	0	9,030	72,780
11 Buncombe	* 1	51,800	0	51,800	355,250
12 Burke		0	0	0	0
13 Cabarrus	* 1	5,670	0	5,670	56,670
14 Caldwell	* 1	2,450	0	2,450	38,150
16 Carteret	* 1	2,800	0	2,800	23,200
17 Caswell		0	0	0	0
18 Catawba	* 1	7,280	0	7,280	48,080
19 Chatham	* 1	700	0	700	5,800
20 Cherokee	* 1	700	0	700	9,625
22 Clay	* 1	700	0	700	8,350
23 Cleveland	* 1	5,470	0	5,470	44,230
24 Columbus	* 1	1,400	0	1,400	15,425
25 Craven	* 1	2,800	0	2,800	33,400
26 Cumberland	* 1	5,600	0	5,600	43,850
28 Dare	* 1	3,150	0	3,150	33,750
29 Davidson	* 1	8,750	0	8,750	61,025
30 Davie	* 1	3,500	0	3,500	25,175
31 Duplin		0	0	0	0
32 Durham	* 1	1,890	0	1,890	20,250
33 Edgecombe	* 1	980	0	980	7,100
D7 Foothills	* 1	10,500	0	10,500	92,100
34 Forsyth	* 1	10,850	0	10,850	101,375
35 Franklin		0	0	0	0
36 Gaston	* 1	5,740	0	5,740	48,325
38 Graham	* 1	630	0	630	6,750
D3 Gran-Vance		0	0	0	0
40 Greene	* 1	700	0	700	7,075
41 Guilford		0	0	0	0
42 Halifax		0	0	0	0
43 Harnett		0	0	0	0
44 Haywood	* 1	1,610	0	1,610	13,085
45 Henderson	* 1	4,200	0	4,200	28,425
46 Hertford		0	0	0	0
47 Hoke	* 1	980	0	980	10,925
48 Hyde	* 1	700	0	700	8,350
49 Iredell		0	0	0	0

50 Jackson	* 1	2,660	0	2,660	25,610
51 Johnston	* 1	10,500	0	10,500	61,500
52 Jones	* 1	1,050	0	1,050	7,425
53 Lee	* 1	1,190	0	1,190	7,055
54 Lenoir	* 1	1,610	0	1,610	10,025
55 Lincoln	* 1	11,410	0	11,410	58,585
56 Macon	* 1	3,500	0	3,500	26,450
57 Madison	* 1	1,820	0	1,820	16,610
D4 M-T-W	* 1	2,240	0	2,240	15,500
60 Mecklenburg	* 1	22,050	0	22,050	207,435
62 Montgomery		0	0	0	0
63 Moore		0	0	0	0
64 Nash	* 1	9,800	0	9,800	71,000
65 New Hanover	* 1	3,850	0	3,850	24,250
66 Northampton		0	0	0	0
67 Onslow		0	0	0	0
68 Orange	* 1	2,100	0	2,100	16,125
69 Pamlico	* 1	1,890	0	1,890	11,325
71 Pender	* 1	1,260	0	1,260	10,950
73 Person		0	0	0	0
74 Pitt	* 1	5,110	0	5,110	49,225
75 Polk		0	0	0	0
76 Randolph		0	0	0	0
77 Richmond	* 1	3,150	0	3,150	18,450
78 Robeson		0	0	0	0
79 Rockingham	* 1	5,950	0	5,950	46,750
80 Rowan		0	0	0	0
D5 R-P-M		0	0	0	0
82 Sampson	* 1	1,680	0	1,680	11,625
83 Scotland		0	0	0	0
84 Stanly	* 1	1,050	0	1,050	8,445
85 Stokes	* 1	1,610	0	1,610	9,260
86 Surry	* 1	5,600	0	5,600	66,800
87 Swain	* 1	1,050	0	1,050	7,425
D6 Toe River	* 1	2,100	0	2,100	17,400
88 Transylvania	* 1	700	0	700	7,075
90 Union	* 1	2,100	0	2,100	18,675
92 Wake	* 1	15,750	0	15,750	117,750
93 Warren	* 1	1,400	0	1,400	7,775
96 Wayne	* 1	9,100	0	9,100	60,100
97 Wilkes	* 1	2,800	0	2,800	18,100
98 Wilson	* 1	2,450	0	2,450	19,025
99 Yadkin		0	0	0	0
Totals		303,250	0	303,250	2,424,085

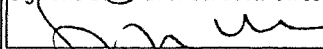
Sign and Date - DPH Program Administrator

 6/25/19

Sign and Date - DPH Section Chief

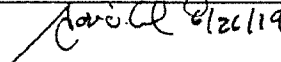
 6/25/19

Sign and Date - DPH Contracts Office

 6/25/19

Sign and Date - DPH Budget Officer

 6/26/19

 6/26/19

Home and Community Care Block Grant for Older Adults
County Funding Plan
County Services Summary

DAAS-731 (Rev. 2/16)
County _____, Jones
July 1, 2019 through June 30, 2020

Signature, Chairman, Board of Commissioners W. Michael Leffler Date 7/15/19

Jones County Department of Social Services

Home and Community Care Block Grant for Older Adults

DAAS-732

County:

Jones

418 Highway 58 N., Unit D

Trenton, NC 28585

County Funding Plan

Provider Services Summary

Budget Period:

July 2019	through	June 2020
Original	Date:	7/9/2019

Revision #:

Original Date: 7/9/2019

[illegible]

*Adult Day Care & Adult Day Health Care Proj. Service Cost/Rate

ADC

ADHC

Certification of required minimum local match availability.

Required local match will be expended simultaneously with Block Grant Funding.

Authorized Signature, Title

Date _____

Community Service Provider

Proj. Reimbursement Rate

Administrative %

Signature, County Finance Officer

Date _____

Signature, Chairman, Board of Commissioners

Date _____

Budget Amendment

Date: 7/15/2019

Fund: General Fund

Fiscal Year: 2019-2020 Amendment #2

Increase Revenue

Restricted DSS	Congregate Nutrition	11-0212-458603	14,881.00
Restricted DSS	Home Delivered Meals	11-0212-458604	3,294.00
BCCCP Program	BCCCP - State	11-0211-451909	1,050.00
Total Increase			19,225.00

Decrease Revenue


Restricted DSS	Senior Companion	11-0212-458603 ²⁰	28.00
Restricted DSS	In Home Aide	11-0212-458623	2,779.00
Total Decrease			2,807.00

Increase Expenditures

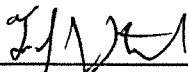
HCCBG	Senior Companion	11-5551-531600	747.00
HCCBG	Home Delivered Meals	11-5551-531301	1,832.00
HCCBG	Congregate Nutrition	11-5551-5315-00	14,021.00
BCCCP	Contract X-Rays	11-5152-544012	1,050.00
Total Increase in Expenditures			17,650.00

Decrease Expenditures

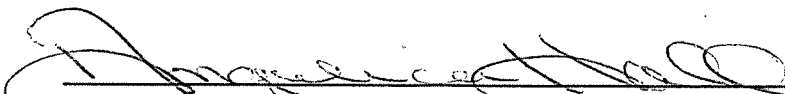
HCCBG	In Home Level III	11-5551-529817	1,190.00
HCCBG	Transportation	11-5551-531300	42.00
Total Decrease in Expenditures			1,232.00




 Chairman



 County Manager



 Clerk to the Board



 Finance Officer



COUNTY OF JONES
JONES COUNTY TAX OFFICE
P.O. Box 87
Trenton, NC 28585-0087
Phone: (252) 448-2546
Fax: (252) 448-1080

Hope Avery
Tax Administrator/Assessor

Susan Riggs
Tax Collector

June 27, 2019

RE: Haywood Kelly, III – Virginia K. Smith – Donna K. Lawrence
Late Agriculture, Horticulture, and Forestry Present-Use Value (PUV) Assessment Application

Since this application was received by the tax office on May 28, 2019 after the close of the listing period, which is January 31st. It is left to the discretion of the board to approve or deny any late application per N.C. Gen. Stat §105-282.1(a1).

Which states:

(a1) Late Application. - Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the close of the listing period may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed.

AV-5
Web-Fill
3-18Application for Agriculture, Horticulture, and
Forestry Present-Use Value Assessment

(G.S. 105-277.2 through G.S. 105-277.7)

MAY 28 2019
RECEIVEDCounty of Jones, NCTax Year 2019

Full Name of Owner(s) <u>Haywood Kelly III - Virginia K Smith - Donna K Lawrence</u>			
Mailing Address of Owner <u>2306 Tuscarora - Rhems Rd</u>			
City <u>New Bern</u>	State <u>NC</u>	Zip Code <u>28562</u>	
Home Telephone Number <u>252-636-5955</u>	Work Telephone Number <u>---</u>	Ext. <u>---</u>	Cell Phone Number <u>252-671-1634B</u>

Instructions

Application Deadline: This application must be filed during the regular listing period, or within 30 days of a notice of a change in valuation, or within 60 days of a transfer of the land.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: <https://www.ncdor.gov/documents/north-carolina-county-assessors-list>. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

This application is for: (check all that apply)

☐ AGRICULTURE (includes Aquaculture)☐ HORTICULTURE☒ FORESTRY

Enter the Parcel Identification Number, acreage breakdown, and acreage total for each tax parcel included in this application:

PARCEL ID	OPEN LAND in Production	OPEN LAND not in Production	WOOD LAND	WASTE LAND	CRP LAND	HOME SITE	OTHER (Describe in Comments)	TOTAL ACRES
<u>542967845100</u>			<u>20.24</u>					<u>20.24</u>
								0.00
								0.00
								0.00
								0.00

Comments:

☐ Yes ☒ No ➔ Does the applicant own property in other counties that is also in present-use value and is within 50 miles of this property? If YES, list the county or counties and parcel identification number(s):

County: Parcel ID: County: Parcel ID: **IMPORTANT!**

AGRICULTURE and HORTICULTURE applications with LESS than 20 acres of woodland generally need to complete PARTS 1, 2, and 4.

AGRICULTURE and HORTICULTURE applications with MORE than 20 acres of woodland generally need to complete PARTS 1, 2, 3, and 4.

FORESTRY applications need to complete PARTS 1, 3, and 4.

ADDITIONALLY, applications for CONTINUED USE of existing present-use value classification need to complete PART 5.

Please contact the Tax Assessor's office if you have questions about which parts should be completed.

Part 1. OwnershipOn what date did the applicant become the owner of the property? DATE: If owned less than four full years on January 1, provide: Name of Previous Owner: How the Applicant is Related to the Previous Owner: ☐ Yes ☒ No ➤ Did one of the applicants reside on the property on January 1 of the year for which this application is made?If YES, provide name of resident: ☐ Yes ☒ No ➤ Are any of the acres leased out to a farmer? If YES, indicate: Number of acres leased out: Name of farmer leasing the land: Phone: **Choose the legal form of ownership from "a - e" below, and answer the questions, if any, for that ownership:**☐ a. **One Individual** ☐ b. **Husband and Wife** (as tenants by the entirety)☐ c. **Business Entity**. (Circle one: Corporation, Limited Liability Company, Partnership) List all the direct shareholders, members, or partners of the business entity and their farming activities:

Member: <input type="text"/>	Farming Activities: <input type="text"/>
Member: <input type="text"/>	Farming Activities: <input type="text"/>
Member: <input type="text"/>	Farming Activities: <input type="text"/>
Member: <input type="text"/>	Farming Activities: <input type="text"/>

☐ Yes ☒ No ➤ Are any of the direct shareholders, members, or partners either a business entity or trust (i.e. not an individual)? If YES, you must attach a breakdown of those business entities or trusts until you reach the individual level of ownership interest and you must describe those individuals' farming activities.☒ Yes ☐ No ➤ Once you have reached the individual level of ownership interest, are all of the individuals relatives of each other? (See G.S. 105-277.2(5a) for the definition of relative.)State the principal business of the business entity: ☐ d. **Trust**. List the trustee(s), name of the trust, and all of the beneficiaries:

Trustee(s): <input type="text"/>	Name of trust: <input type="text"/>
Beneficiary: <input type="text"/>	Farming Activities: <input type="text"/>
Beneficiary: <input type="text"/>	Farming Activities: <input type="text"/>
Beneficiary: <input type="text"/>	Farming Activities: <input type="text"/>
Beneficiary: <input type="text"/>	Farming Activities: <input type="text"/>

☐ Yes ☒ No ➤ Are any of the beneficiaries either a business entity or trust (i.e. not an individual)? If YES, you must attach a breakdown of those business entities or trusts until you reach the individual level of ownership interest and you must describe those individual's farming activities.☐ Yes ☐ No ➤ Once you have reached the individual level of ownership interest, are all of the beneficiaries either the trust's creator or relatives of the creator? (See G.S. 105-277.2(5a) for the definition of relative.)☐ e. **Tenants in common**. List the tenants and their percentage of ownership (round to the nearest 0.1%):

Owner <input type="text" value="Hagwood Kelly III"/>	<input type="text" value="33 %"/>	Owner <input type="text" value="Donna S. Lawrence"/>	<input type="text" value="33 %"/>
Owner <input type="text" value="Dargana Smith-Jones"/>	<input type="text" value="33 %"/>	Owner <input type="text"/>	<input type="text" value=" %"/>

☐ Yes ☐ No ➤ Are any of the tenants either a business entity or trust? If YES, you must make a copy of this page for each business entity or trust. You must complete the business entity section only or trust section only for each tenant, as appropriate, labeling each copy with the name of the business entity or trust.**The Tax Assessor may contact you for additional information after reviewing this application.**

Part 2. Agriculture and Horticulture

For the past three years and for each tax parcel within the farm unit, enter the agricultural or horticultural products actually produced on the land and the gross income from the sale of the products, including livestock, poultry, and aquatic species. **INCOME INFORMATION IS SUBJECT TO VERIFICATION.**

If payments are received from any governmental soil conservation or land retirement program, indicate the acres and amount of income in the table below. Provide the name of the program in the Product column.

Do not include income received from the rental of the land. Income must be from the sale of the product.

	ONE YEAR AGO 20 <input type="text"/>			TWO YEARS AGO 20 <input type="text"/>			THREE YEARS AGO 20 <input type="text"/>		
Parcel ID	Product	Acres	Income	Product	Acres	Income	Product	Acres	Income
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0
	Totals	0.00	0	Totals	0.00	0	Totals	0.00	0

☐ Yes ☐ No ➔ If this application covers a horticultural tract used to grow Christmas trees, has a written management plan been prepared? If YES, attach a copy. If NO, attach a full explanation of your operation that contains at least the following: year each tract was planted, gross income from each tract, site management practices, number of trees per acre, and expected date of harvesting for each tract.

If this application covers an aquatic species farming operation, enter the total pounds produced for commercial sale annually for the last three years: Year 20 lbs, Year 20 lbs, Year 20 lbs

Part 3. Forestry

Attach a complete copy of your forest management plan. Indicate below who prepared the plan:

☒ N.C. Division of Forest Resources ☐ Consulting Forester ☐ Owner ☐ Other

Note: The property must be actively engaged in the commercial growing of trees under a sound management program as of January 1 of the year for which application is made.

Key elements in a written plan for a sound forestland management program are listed below:

1. Management and Landowner Objectives Statement—Long range and short range objectives of owner(s) as appropriate.
2. Location—Include a map or aerial photograph that locates the property described and also delineates each stand referenced in the "Forest Stand(s) Description/Inventory and Stand Management Recommendations" (Item 3 below).
3. Forest Stand(s) Description/Inventory and Stand Management Recommendations — Include a detailed description of various stands within the forestry unit. Each stand description should detail the acreage, species, age, size (tree diameter, basal area, heights), condition (quality and vigor), topography, soils and site index or productivity information. Stand-specific forest management practices needed to sustain productivity, health and vigor must be included with proposed timetable for implementation.
4. Regeneration-Harvest Methods and Dates—For each stand, establish a target timetable for harvest of crop trees, specifying the type of regeneration-harvest (clear cut, seed tree, shelter wood, or selection regeneration systems as applicable).
5. Regeneration Technique—Should include a sound proposed regeneration plan for each stand when harvest of final crop trees is done. Specify intent to naturally regenerate or plant trees.

NOTE: Forest management plans can and should be updated as forest conditions significantly change (e.g. change in product class mix as the stand ages and grows, storm damage, insect or disease attack, timber harvest, thinning, wildfire). The county will audit plans periodically and, to remain eligible for use-value treatment, the plan must be implemented.

Part 4. Affirmation

AFFIRMATION OF APPLICANT – I (we) the undersigned declare under penalties of law that this application and any attachments hereto have been examined by me (us) and to the best of my (our) knowledge and belief are true and correct. In addition, I (we) fully understand that an ineligible transfer of the property or failure to keep the property actively engaged in commercial production under a sound management program will result in the loss of eligibility. I (we) fully understand that loss of eligibility will result in removal from the program and the immediate billing of deferred taxes.

Virginia K. Smith-Denes
Signature of Owner (All tenants of a tenancy in common must sign.)

Daughter
Title

12-02-18
Date

Honda Lawrence
Signature of Owner (All tenants of a tenancy in common must sign.)

Daughter
Title

12-02-18
Date

Haywood Kelly Jr
Signature of Owner (All tenants of a tenancy in common must sign.)

Son
Title

12-02-18
Date

Part 5. Continued Use *(Complete only if the property is currently in Present-Use Value and you are applying for immediate eligibility under the Continued Use exception. See G.S. 105-277.3(b2)(1) for full details.)*

- I certify:
1. The property is currently in Present-Use Value.
 2. I intend to continue the current use of the land under which it currently qualifies.
 3. I understand I will be responsible for all deferred taxes due because of any disqualification.
 4. I ACCEPT FULL LIABILITY FOR ANY EXISTING DEFERRED TAXES.

Note: If the property is currently in Present-Use Value and liability is not accepted, the full amount of the deferred taxes will typically be due in the name of the grantor immediately. Liability need not be accepted and no deferred taxes are due for qualifying transfers pursuant to G.S. 105-277.3(b) and (b1). For example, liability does not need to be accepted for qualifying transfers to relatives. However, any deferred taxes existing at the time of transfer will remain a lien on the property. Owners already receiving Present-Use Value on properties not included in this application may wish to review the alternative provisions of G.S. 105-277.3(b2)(2).

Signature of Owner (All tenants of a tenancy in common must sign.)

Title

Date

Signature of Owner (All tenants of a tenancy in common must sign.)

Title

Date

Signature of Owner (All tenants of a tenancy in common must sign.)

Title

Date

FOR OFFICE USE ONLY: ☐ APPROVED ☐ DENIED BY: _____ REASON FOR DENIAL: _____



North Carolina Department of Agriculture
and Consumer Services
N.C. Forest Service



Steven W. Troxler
Commissioner

Scott Bissette
Assistant Commissioner

3810 M. L. King Jr. Blvd.
New Bern, NC 28562-2236
January 28, 2019

D-4 FM
Projects - Jones
Smith-Jones, Virginia – 35° 06.209' / -77° 14.296'

Virginia Smith-Jones
2306 Tuscarora-Rhems Road
New Bern, NC 28562

Dear Ms. Smith-Jones:

On January 18, 2019, Assistant Jones County Ranger Alan Matthews and I examined your woodland properties located off Simmons Loop Road in Jones County. You had requested that the N.C. Forest Service provide you with forest management recommendations for your property. I understand that your objective is to manage your timber to maximize future sawtimber production.

Enclosed is a "Woodland Management Plan and Map." The plan lists our recommendations for managing your woodland on parcel 542967845100. The acreage figures used in the plan are based on measurements from aerial photographs. Some additional information is given below.

Present Condition and Recommendations

Area 1 (see enclosed map) is approximately 20± acres of 20 to 25-year-old naturally regenerated mixed hardwoods and loblolly pine. Area 1 was last harvested approximately in 1997. Diameters range from 4 to 16 inches with heights ranging from 45 to 65 feet tall. Species present consist of American holly, black gum, greenbrier, honey suckle, loblolly pine, red maple, red bay, sweetbay, sweetgum, switchcane, water oak, and gallberry. Trees in Area 1 are currently considered pulpwood to scattered sawtimber at this time.

I recommend you allow Area 1 to continue growing for an additional 20 to 25 years. The loblolly pine may be reaching financial maturity at that time. However, hardwoods generally take between 60 to 80 years to reach financial maturity. Contact the N.C. Forest Service in 20 to 25 years to reexamine the tract for possible final harvest recommendations.

Environmental Considerations

Heavy equipment should stay off the area during wet periods. The soil compaction, soil rutting, and soil structure deterioration from working on the tract under wet conditions can result in a tremendous reduction in site productivity.

On December 9, 1999, the North Carolina Environmental Management commission adopted rules to protect 50-foot wide riparian, or waterside, buffers along waterways in the Neuse and Tar-Pamlico River Basins. These rules require protection of existing forest buffers along all intermittent and perennial streams, lakes, ponds, and estuaries located in the Neuse and Tar-Pamlico River Basins. It is extremely important that these rules be followed, as violating these rules can increase nutrients into waterways and also result in large fines. Enclosed you will find a "Neuse and Tar-Pamlico Buffer Rules" handout. This is a condensed version of the rule that outlines the specific forestry buffer requirements. When the "Riparian Buffer Rules" conflict with "Forest Practices Guidelines Related to Water Quality," the more protective shall apply.

Forest Practice Guidelines Related to Water Quality **must** also be followed to prevent water quality problems. This includes leaving a Streamside Management Zone (SMZ) along any intermittent and perennial streams and water bodies located on the property.

I have enclosed information regarding "Forest Practices Guidelines Related to Water Quality" that **must** also be followed to prevent water quality problems during forestry activities. This includes leaving a Streamside Management Zone (SMZ) along all intermittent or perennial streams.

Selling Your Timber

Because of the value of the timber present, I strongly encourage you to hire a private consulting forester to handle any future timber sales to ensure that both your financial interests and natural resources are not compromised. A private consulting forester can cruise your timber to determine the volume of the timber present. With a good volume estimate and knowledge of local markets, a consulting forester can then provide you with a good appraisal of what your timber is worth. You will then know if you are receiving a good price for your timber. Also, a consulting forester is very knowledgeable with environmental regulations that must be followed during harvest. I have enclosed information about "Selecting a Consulting Forester," a "List of Consulting Foresters for Jones County," a "List of Timber Buyers for Jones County," and information about "Timber Sale Contracts."

Other Considerations

I would suggest you continue to maintain a close watch on your timber and look for any serious disease or insect infestations. Some signs to look for are clusters of dead pine trees or trees in which the entire crown has turned reddish-brown. If you suspect your timber may have a disease or insect causing damage, contact your County Ranger immediately.

By following this management plan and providing a copy to the Jones County Tax Office, your woodland should qualify for present use valuation. This valuation is used on tracts of timber over 20 acres that are being managed in a responsible manner. This classification could greatly reduce your tax burden.

Closing

I recommend you allow Area 1 to continue to grow for an additional 20 to 25 years. If you have any questions, feel free to call Jones County Ranger Wayne Bell at (252) 448-5531 or me at (252) 514-4764. We look forward to working with you in the future.

Sincerely,



Matthew Bishop
Service Forester
N.C. Registered Forester #1747

MB:WB:LW

Enclosures: Forest Practices Guidelines Related to Water Quality
Neuse and Tar-Pamlico Buffer Rules
Selecting a Consulting Forester
List of Consulting Foresters for Jones County
List of Timber Buyers for Jones County
Timber Sale Contracts
Tax Tips for Forest Landowners for the 2018 Tax Year
Maintaining & Managing Your Loblolly Pine Plantation
Glossary of Forest Management Terms

cc: Wayne Bell, Jones County Ranger

**N.C. FOREST SERVICE
DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**

WOODLAND MANAGEMENT PLAN

PRESCRIPTION SHEET FOR: Virginia Smith-Jones **DATE:** January 28, 2019

DESCRIPTION OF AREA: Area 1 **ACRES:** 20±

Area 1 is occupied by 20 to 25-year-old naturally regenerated mixed hardwoods and loblolly pine. The dominant soil types are somewhat poorly drained, Lynchburg fine sandy loam and poorly drained, Leaf silt loam. Loblolly pine site indices range from 86 to 90 (a loblolly pine has the potential to grow 86 to 90 feet tall after 50 years).

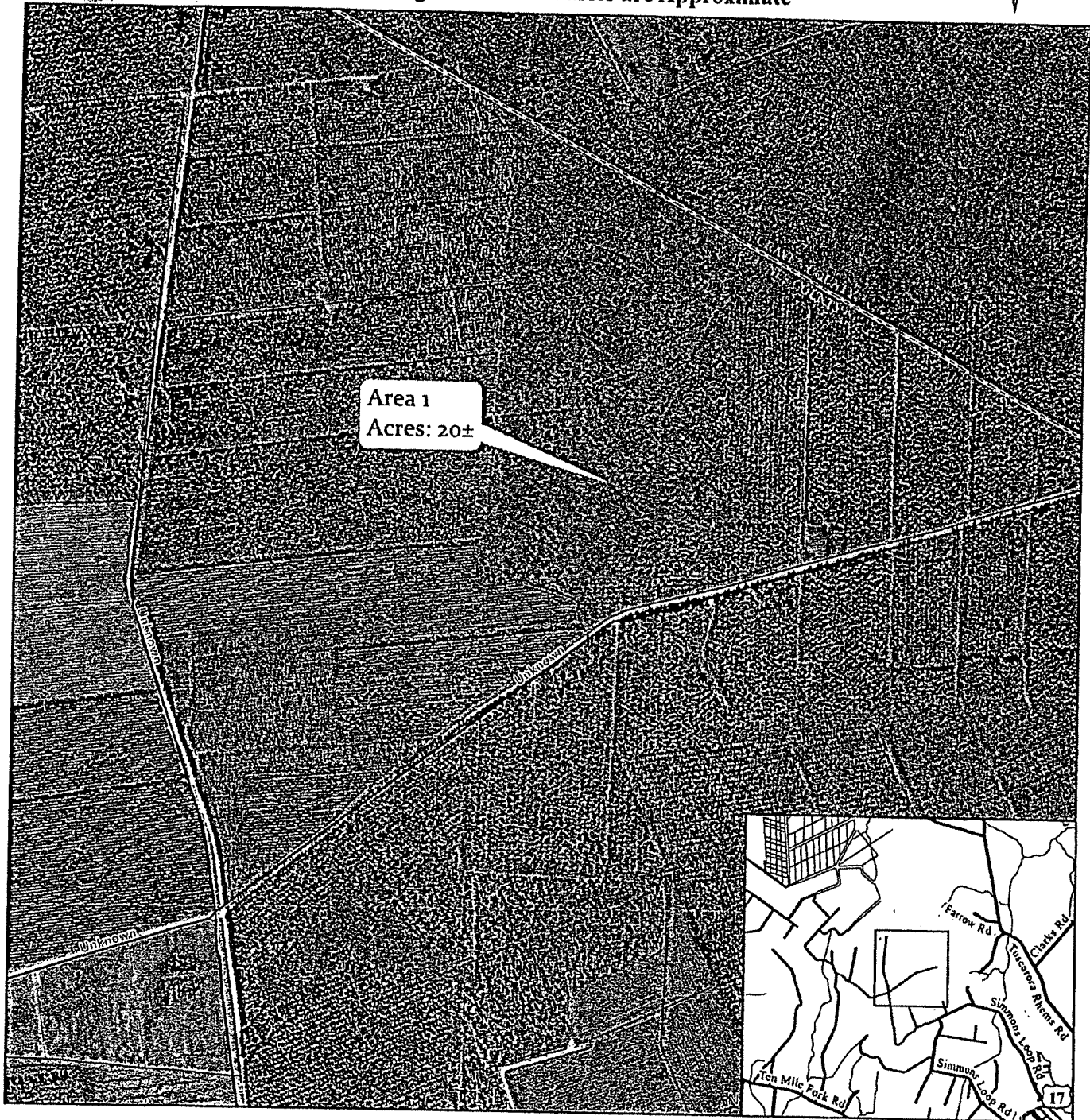
<u>RECOMMENDATIONS</u>	<u>BY WHOM AND WHEN</u>
<ol style="list-style-type: none">1. Allow timber to continue growing to increase to more valuable size classes while providing non-timber benefits (wildlife habitat, recreation, water quality, and aesthetics) for an additional 20 to 25 years.2. Reexamine in 20 to 25 years for possible limited final harvest recommendations.	<ol style="list-style-type: none">1. Landowner (2039 to 2044).2. Landowner to contact N.C. Forest Service for reexamination (2039 to 2044).

ALL PRACTICES MUST MEET NCFS STANDARDS AND FOREST PRACTICES GUIDELINES RELATED TO WATER QUALITY.



N.C. Forest Service Woodland Management Map

Acreages and Boundaries are Approximate



Landowner: Virginia Smith-Jones
County: Jones
Latitude: 35° 06.209'
Longitude: -77° 14.296'
Date: 1/28/19
Drawn By: M. Bishop
Acres: 20±
Parcel: 542967845100

0 495 990 1,980 Feet
1 inch equals 990 feet

Legend

Stand Boundary

Area

1

County Boundaries

County Boundaries

Roads

Class

Highway

NC/US

State Route

Other



COUNTY OF JONES
JONES COUNTY TAX OFFICE
P.O. Box 87
Trenton, NC 28585-0087
Phone: (252) 448-2546
Fax: (252) 448-1080

Hope Avery
Tax Administrator/Assessor

Susan Riggs
Tax Collector

July 8, 2019

RE: Lydia P Caruso
Late Application for Property Tax Relief – Disabled Veterans Exclusion

Since this application was received by the tax office on July 8, 2019 after the close of the listing period, which is January 31st. It is left to the discretion of the board to approve or deny any late application per N.C. Gen. Stat §105-282.1(a1).

Which states:

(a1) Late Application. - Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the close of the listing period may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed.

AV-9
Web
7-18

Application for Property Tax Relief
Elderly or Disabled Exclusion (G.S. 105-277.1),
Disabled Veteran Exclusion (G.S. 105-277.1C), or
Circuit Breaker Tax Deferment Program (G.S. 105-277.1B)

Jones County
JUL 08 2019
Tax Department

County of Jones, NC

Year 2019

Instructions

Application Deadline: This application must be filed by June 1st to be timely filed. You may submit additional information separately if needed.

Where to Submit Application: Submit this application to the county tax assessor where this property is located. County tax assessor addresses and telephone numbers can be found online at: <https://www.ncdor.gov/documents/north-carolina-county-assessors-list>. DO NOT submit this application to the North Carolina Department of Revenue.

- Office Use Only:

Property ID Number

543622388200

Last Name of Applicant

CARUSO

First Name

Lydia

Middle Name

Piriczky

Date of Birth (MM-DD-YY)

03-11-1975

Last Name of Spouse

First Name

Middle Name

Date of Birth (MM-DD-YY)

Residence Address

222 Pollock St.

City

Pollocksville

State

NC

Zip Code

28573

Mailing Address (if different from residence address)

City

State

Zip Code

E-mail Address

CARUSO-Lydia@yahoo.com

Home Telephone Number

Work Telephone Number

Ext.

Cell Phone Number

252-414-1302

Fill in applicable boxes:

☒ Yes ☐ No ➤ Is this property your permanent legal residence?

Addresses of secondary residences (if any):

☐ Yes ☐ No ➤ If married, does your spouse live with you in the residence? If you answer **No**, provide your spouse's address.

Addresses of spouse:

☐ Yes ☐ No ➤ Are you or your spouse (if applicable) currently residing in a health care facility? If you answer **Yes**, fill in applicable circle

Applicant Spouse and indicate current length of stay:

☐ Yes ☐ No ➤ As of January 1, 2019 do you and your spouse (if applicable) own 100% interest in the property? If you answer **No**, list all owners and their ownership percentage (round to the nearest 0.1%):

Owner	%	Owner	%
Owner	%	Owner	%
Owner	%	Owner	%

Note: Separate applications are required for each owner that is claiming property tax relief. If husband and wife own the property, only one application is required.

Part 1. Selecting the Program

Each owner may receive benefit from only one of the three property tax relief programs, even though you may meet the requirements for more than one program.

However, it is possible that the tax rates or tax values may not be established until some time after the filing of this application. This can make it difficult for you to determine which program you prefer. The following procedures will help to resolve this situation.

Applying for One Program

If you know that you only wish to apply for one program, indicate only that program at the bottom of this section. The assessor will review your application and send you a notice of decision. The notice of decision will also explain the procedures to appeal if you do not agree with the decision of the assessor.

Applying for More Than One Program

Each owner is eligible to receive benefit from only one program. However, if you think you meet the requirements for more than one program but, as a result of the uncertainty of tax rates or values at the time of application, you are unable to make a decision on which one program you wish to choose, indicate all of the programs at the bottom of this section for which you wish to receive consideration. When the tax rates and values are determined, the assessor will review your application and will send you a letter notifying you of your options. If the letter indicates that you do not qualify or if you disagree with any decision in the letter, you may appeal. **You must respond to the option letter within the specified time period or it will be assumed that you do not wish to participate in any of the property tax relief programs.** In that case, you will be so notified and you will have the chance to appeal.

Please read the descriptions and requirements of the three programs on the following pages and then select the program(s) for which you are applying:

Fill in applicable circles:

- ☐ Elderly or Disabled Exclusion
☒ Disabled Veteran Exclusion
☐ Circuit Breaker Tax Deferment Program

You Must Complete:

- Parts 2, 5, 6
 Parts 3, 6
 Parts 4, 5, 6

If you select more than one program, please read ALL of the information on this page!

Part 2. Elderly or Disabled Exclusion

Short Description: This program excludes the greater of the first \$25,000 or 50% of the appraised value of the permanent residence of a qualifying owner. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. The owner cannot have an income amount for the previous year that exceeds the income eligibility limit for the current year, which for the 2019 tax year is **\$30,200**. See G.S. 105-277.1 for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

- ☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer **Yes**, you do not have to file Form AV-9A Certification of Disability.
- ☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) **both** less than 65 years of age and at least one of you was totally and permanently disabled? If you answer **Yes**, you must file Form AV-9A Certification of Disability.

- Requirements:
1. File Form AV-9A Certification of Disability if required above.
 2. Complete Part 5. Income Information.
 3. Complete Part 6. Affirmation and Signature.

Part 3. Disabled Veteran Exclusion

Short Description: This program excludes up to the first \$45,000 of the appraised value of the permanent residence of a disabled veteran. A disabled veteran is defined as a veteran whose character of service at separation was honorable or under honorable conditions and who has a total and permanent service-connected disability or who received benefits for specially adapted housing under 38 U.S.C. 2101. There is no age or income limitation for this program. This benefit is also available to a surviving spouse (who has not remarried) of either (1) a disabled veteran as defined above, (2) a veteran who died as a result of a service-connected condition whose character of service at separation was honorable or under honorable conditions, or (3) a servicemember who died from a service-connected condition in the line of duty and not as a result of willful misconduct. See G.S. 105-277.1C for the full text of the statute.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). Each eligible owner may receive benefits under either the Disabled Veteran Exclusion or the Elderly or Disabled Exclusion. The Circuit Breaker Property Tax Deferment cannot be combined with either of these two programs.

Fill in applicable boxes:

- ☒ Yes ☐ No I am a disabled veteran. (See definition of disabled veteran above.)
- ☐ Yes ☐ No I am the surviving spouse of either a disabled veteran or a servicemember who met the conditions in the description above. If you answer Yes, complete the next question.
- ☐ Yes ☐ No I am currently unmarried and I have never remarried since the death of the veteran.

Requirements: 1. File Form NCDVA-9 Certification for Disabled Veteran's Property Tax Exclusion. This form must first be certified by the United States Department of Veterans Affairs, and then filed with the county tax assessor.
2. Complete Part 6. Affirmation and Signature.

Part 4. Circuit Breaker Property Tax Deferment

Short Description: Under this program, taxes for each year are limited to a percentage of the qualifying owner's income. A qualifying owner must either be at least 65 years of age or be totally and permanently disabled. For an owner whose income amount for the previous year does not exceed the income eligibility limit for the current year, which for the 2019 tax year is \$30,200, the owner's taxes will be limited to four percent (4%) of the owner's income. For an owner whose income exceeds the income eligibility limit (\$30,200) but does not exceed 150% of the income eligibility limit, which for the 2019 tax year is \$45,300, the owner's taxes will be limited to five percent (5%) of the owner's income.

However, the taxes over the limitation amount are deferred and remain a lien on the property. The last three years of deferred taxes prior to a disqualifying event will become due and payable, with interest, on the date of the disqualifying event. Interest accrues on the deferred taxes as if they had been payable on the dates on which they would have originally become due. Disqualifying events are death of the owner, transfer of the property, and failure to use the property as the owner's permanent residence. Exceptions and special provisions apply. See G.S. 105-277.1B for the full text of the statute.

YOU MUST FILE A NEW APPLICATION FOR THIS PROGRAM EVERY YEAR!

Multiple Owners: Each owner (other than husband and wife) must file a separate application. All owners must qualify and elect to defer taxes under this program or no benefit is allowed under this program. The Circuit Breaker Property Tax Deferment cannot be combined with either the Elderly or Disabled Exclusion or the Disabled Veteran Exclusion.

Fill in applicable boxes:

- ☐ Yes ☐ No As of January 1, were either you or your spouse (if applicable) at least 65 years of age? If you answer Yes, you do not have to file Form AV-9A Certification of Disability.
- ☐ Yes ☐ No As of January 1, were you and your spouse (if applicable) both less than 65 years of age and at least one of you was totally and permanently disabled? If you answer Yes, you must file Form AV-9A Certification of Disability.
- ☐ Yes ☐ No Have you owned the property for the last five full years prior to January 1 of this year and occupied the property for a total of five years?
- ☐ Yes ☐ No Do all owners of this property qualify for this program and elect to defer taxes under this program? If you answer No, the property cannot receive benefit under this program.

Requirements: 1. File Form AV-9A Certification of Disability if required above.
2. Complete Part 5. Income Information.
3. Complete Part 6. Affirmation and Signature.

Part 5. Income Information *(complete only if you also completed Part 2 or Part 4)*

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and the Circuit Breaker Property Tax Deferment Program and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

Applicant's Social Security Number

Spouse's Social Security Number

Requirements:

1. You must provide a copy of your individual Federal Income Tax Return for the previous calendar year, unless you are not required to file a Federal Income Tax Return. Married applicants filing separate returns must submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy when you file your return. Your income tax returns are confidential and will be treated as such. Your application will not be processed until the income tax information is received. Please check the appropriate box concerning the submission of your Federal Income Tax Return.

Fill in applicable box:

- ☐ Federal Income Tax Return submitted with this application.
- ☐ Federal Income Tax Return will be submitted when filed with the IRS.
- ☐ I will not file a Federal Income Tax Return with the IRS for the previous calendar year.

2. Provide the income information requested below for the previous calendar year. Provide the total amount for both spouses. If you do not file a Federal Income Tax Return, you must attach documentation of the income that you report below (W-2, SSA-1099, 1099-R, 1099-INT, 1099-DIV, financial institution statements, etc.).

a. Wages, Salaries, Tips, etc.....	\$	<input type="text"/>
b. Interest (Taxable and Tax Exempt).....	\$	<input type="text"/>
c. Dividends.....	\$	<input type="text"/>
d. Capital Gains.....	\$	<input type="text"/>
e. IRA Distributions.....	\$	<input type="text"/>
f. Pensions and Annuities.....	\$	<input type="text"/>
g. Disability Payments (not included in Pensions and Annuities).....	\$	<input type="text"/>
h. Social Security Benefits (Taxable and Tax Exempt).....	\$	<input type="text"/>
i. All other moneys received (Describe in Comments section.).....	\$	<input type="text"/>
Total	\$	<input type="text"/>

Comments:

INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA DEPARTMENT OF REVENUE.

Part 6. Affirmation and Signature

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete. Furthermore, I understand that if I participate in the Circuit Breaker Property Tax Deferment Program, liens for the deferred taxes will exist on my property, and that when a disqualifying event occurs, the taxes for the year of the disqualifying event will be fully taxed and the last three years of deferred taxes prior to the disqualifying event will become due and payable, with all applicable interest.

Lydia Piriczky CARUSO
Applicant's Name (please print)

[Signature]
Applicant's Signature

7-8-2019
Date

Spouse's Name (please print)

Spouse's Signature

Date

Refer to the Instructions on Page 1 for filing information and filing location.*

Office Use Only

Approved: Y / N



Elderly/Disabled



Disabled Veteran



Circuit Breaker:



4%



5%

Date: ____/____/____ By: _____ Comments: _____

AV-9A Received: ____/____/____ NCDVA-9 Received: ____/____/____

FITR Received: ____/____/____ Income: \$ _____

***All applications must be submitted by June 1 to be timely filed.**

Late Applications: Upon a showing of good cause by the applicant for failure to make a timely application, an application for exemption or exclusion filed after the [due date] may be approved by the Department of Revenue, the board of equalization and review, the board of county commissioners, or the governing body of a municipality, as appropriate. An untimely application for exemption or exclusion approved under this subsection applies only to property taxes levied by the county or municipality in the calendar year in which the untimely application is filed. [N.C.G.S. 105-282.1(a1)]

JUL 08 2019

Tax Department

NCDVA-9
(Rev. 08-09)

For best delivery to USDVA, filing this form with your local veteran's service office is recommended.

State of North Carolina Certification for Disabled Veteran's Property Tax Exclusion (G.S. 105-277.1C)		COUNTY _____
SECTION 1		
TO BE COMPLETED BY THE VETERAN OR THE SURVIVING SPOUSE WHO HAS NOT REMARRIED		
Lydia Piriczky Caruso <small>NAME (Print or Type)</small>		Lydia Piriczky Caruso <small>DISABLED VETERAN'S FULL NAME (PRINT OR TYPE)</small>
222 Pollock St. <small>STREET ADDRESS OR P.O. BOX NUMBER</small>		_____ <small>SURVIVING SPOUSE'S FULL NAME (PRINT OR TYPE)</small>
Pollocksville, NC 28573 <small>CITY STATE ZIP CODE</small>		_____ <small>(If Applicable)</small>
		_____ <small>U.S. DEPT. OF VETERANS AFFAIRS FILE NUMBER</small>
		_____ <small>VETERAN'S SOCIAL SECURITY NUMBER</small>
I am either (1) a veteran whose character of service at separation was honorable or under honorable conditions and who has a permanent and total service-connected disability or (2) the surviving spouse, who has not remarried, of a veteran whose character of service at separation was honorable or under honorable conditions and who had a permanent and total service-connected disability at death or veteran's death was the result of a service-connected condition. I request USDVA complete this certification in support of my separate application for the Disabled Veteran's Property Tax Exclusion to the Tax Assessor.		
SECTION 2		Disabled Veteran's Signature
I authorize the U.S. Department of Veterans Affairs to release information regarding my disability as needed for this certification.		
_____ <small>DISABLED VETERAN'S SIGNATURE</small>		6-17-19 <small>DATE</small>
SECTION 3		Surviving Spouse's (who has not remarried) Signature
I authorize the U.S. Department of Veterans Affairs to release information regarding my spouse's disability or death as needed for this certification.		
_____ <small>SURVIVING SPOUSE'S SIGNATURE</small>		_____ <small>DATE</small>
SECTION 4		To be completed by the U.S. Department of Veterans Affairs
Please check all that apply:		
A. <input type="checkbox"/> Veteran does not meet either B, C, D, or E of the below criteria.		
B. <input checked="" type="checkbox"/> Veteran has a service-connected permanent and total disability that existed as of <u>2-13-15</u> .		
C. <input type="checkbox"/> Veteran received benefits on _____ from U.S. Department of Veterans Affairs for specially adapted housing under 38 U.S.C. 2101 for the veteran's permanent residence.		
D. <input type="checkbox"/> Veteran died on _____ and had a service-connected permanent and total disability at death.		
E. <input type="checkbox"/> Veteran died on _____ and the death was either (1) the result of a service-connected condition or (2) death occurred while on active duty in the line of duty and not due to service member's own willful misconduct.		
Character of Disabled Veteran's Service at Separation: (DD-214) <input checked="" type="checkbox"/> Honorable <input type="checkbox"/> Under Other than Honorable Conditions <input type="checkbox"/> Under Honorable Conditions		
K. Schullhammer <small>SIGNATURE OF USDVA CERTIFYING OFFICIAL</small>		6-28-19 <small>DATE</small>
K. SCHULLHAMMER <small>PRINTED NAME OF USDVA CERTIFYING OFFICIAL</small>		NOTE: Stamped Signature by USDVA Official on this form has been authorized by Director, VA Regional Office, Winston-Salem, NC.
USCM <small>TITLE OF USDVA CERTIFYING OFFICIAL</small>		

NC Division of Veterans Affairs authorizes the NC Department of Revenue and any County Tax Office to use this form as needed.